

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/404242  
APPLICANT(S)

FILING DATE

1/31/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11		00				
12	1					
13	1					
14		1				
15		1				
16		1				
17		1				
18	1	5				
19		5				
20		5				
21		00				
22		00				
23		00				
24		00				
25		00				
26		00				
27		00				
28		00				
29		00				
30		00				
31		00				
32		00				
33		00				
34		00				
35		00				
36		00				
37		00				
38		00				
39		00				
40		00				
41		00				
42		00				
43		00				
44		00				
45		00				
46		00				
47		00				
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	43					
TOTAL CLAIMS	55					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS